County of San Bernardino

Medical Expense Reimbursement Plan
Reimbursement Claim Form for Medical Expenses

Employee ID	Employee's Last Name, First Name		Employee's Social Security #	
Home Address		City	State	Zip Code
Mailing Address		City	State	Zip Code
Telephone Numbers:	Home ( )	Work ( )	Pager ( )	

Instructions: Complete the information below for medical expenses incurred by you, your spouse or other eligible dependents for which you request reimbursement under the County of San Bernardino's Exempt Medical Reimbursement Plan. You must provide hospital, doctor, prescription or other evidence that the expenses were incurred. (Cancelled checks or charge statements will not be accepted.) Be sure to provide all information requested by this form. If the form is incomplete, it will be returned to you. Print or type the information requested, then date and sign the form.

	Example	**Expense #1**	**Expense #2**
Date Medical Service Actually Provided	***10/07/99***		
Name(s) of Person(s) Receiving Medical Service	***John Johnson***		
Date of Birth(s) of Person(s) Receiving Medical Service	***11/15/90***		
Relationship of Person(s) Receiving Medical Service	☐ Self ☐ Spouse ☐ Dependent	☐ Self ☐ Spouse ☐ Dependent	☐ Self ☐ Spouse ☐ Dependent
Type of Service	***Eyeglasses***		
Proof of Expense Attached?	☐ Yes ☐ No, it was previously submitted	☐ Yes ☐ No, it was previously submitted	☐ Yes ☐ No, it was previously submitted
Total Expense	**$** ***100.00***	$	$
Amount Reimbursed Previously, or Paid/Payable Under Another Plan	**$** ***80.00***	$	$
Reimbursement Requested	**$** ***20.00***	$	$
		Total Reimbursement Requested:	**$**

To the best of my knowledge and belief, my statements in this claim form are complete and true. I certify that I and/or my eligible family member have received the services described above on the dates indicated and that the expenses qualify as valid expenses under the Plan. I have not been reimbursed previously under the Exempt Medical Reimbursement Plan or any other health plan, nor do I expect any of the expense to be reimbursable elsewhere. If the reimbursement is requested for prescribed drugs, I certify that such drugs are not prescribed for cosmetic purposes (hair growth, weight loss, wrinkles, etc.). I understand that the expense may not be used to claim any Federal income tax deduction or credit.

Employee Signature _____ Date _____

Send this form to: Employee Benefits and Services - Hospitality

Qualifying Medical Expenses

The County of San Bernardino's Medical Expense Reimbursement Plan Document contains the rules governing what medical expenses are and are not reimbursable. Below are examples of some items that may or may not be reimbursable. Please call Employee Benefits and Services, (909) 386-8600, if you have any questions about whether a particular expense is reimbursable.

Examples of medical expenses for which you may be able to receive reimbursement include:

- Medical and dental expenses **not** covered under any other plan
- Deductibles and copayments that you are responsible for under any medical, dental, vision, or psychological services plan
- Prescription drug copayments
- Eye exams, eyeglasses, contact lenses, refractive surgery, and other vision expenses
- Orthodontic expenses
- Hearing exams, hearing aids, other hearing expenses
- Physical therapy (not massage therapy)
- Payments to a treatment center for alcoholism or drug abuse
- Chiropractics
- Acupuncture
- Psychotherapy
- Cost of maintaining guide dogs

Examples of medical expenses for which you cannot be reimbursed include:

- Insurance premiums for health, dental, vision, psychological services, long-term care or any other health insurance premiums that you or your spouse pay .
- Over the counter drugs
- Cosmetic surgery or other similar procedures, unless the surgery or procedure is necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident or trauma, or disfiguring disease (Cosmetic surgery means any procedure or drug which is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease)
- The salary expense of a nurse to care for a healthy newborn at home
- Funeral and burial expenses
- Household and domestic help (even though recommended by a qualified physician due to an employee's or dependent's inability to perform physical housework)
- Custodial care
- Costs for sending a problem child to a special school for benefits the child may receive from the course of study and disciplinary methods
- Health club dues
- Social activities, such as dance lessons (even though recommended by a qualified physician for general health improvement)
- Bottled water
- Maternity clothes
- Diaper service or diapers
- Cosmetics, toiletries, toothpaste, etc.
- Vitamins taken for general health purposes
- Uniforms
- Automobile insurance premiums
- Transportation expenses to and from work, even though a physical condition may require special means of transportation